FILED Mar 19, 2004 8:00 am Secretary of State 02-26-2004 90015 012 ***150.00

2004 FOR PROFIT-CORPORATION

		ANNUA	KEI	-UK I			,				
DOCUMENT # P03000041343 1. Entity Name											
MAGAZINE ADVERTISING GROUP, INC.											
Principal Place of Business Mailing Address									7141		
305 SOUTH ANDREWS AVE. #402 305 SOUTH					TH ANDREWS AVE. #402			66406869			
FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 333							 	*			
2. Principal P	lace of Busin	ness	3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01132004	Chg-P	CR2E0	34 (10/03)	
City & State			City	City & State			5623	55974	3		Applicable
Zip	Country		Zip	Zip C		try	5. Certificate of Status Desired S8.75 Add Fee Require				
Name and Address of Current Registered Agent						Name	7. Name and	Address of New I	Registered /	Agent	
PACK, KARLENE 305 SOUTH ANDREWS AVE #402							(P.O. Box Numbe	er is Not Acceptable	le)	····	
		E, FL 33301			Street Address (P.O. Box Number is Not Acceptable)						
			•			City			FL	Zip Code	_
8. The above named entity submits this statement for the ourspise of changing its registered affice or registered agent or both in the State of Florida. Lam familiar with and accent											
the obligations of registered agent.											
SIGNATURE Signature, typed or priviled name of registrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!!FEE.IS.\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution											
10.	-	OFFICERS A	ND DIRECTO	PRS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	 IN 11
TITLE	p p	SI SUS		☐ Delete	tifU			-		☐ Change	Addition
NAME STREET ACCRESS CITY-ST-ZIP		IDREWS AVE #405 DERDALE, FL 333D				ET ADORESS -ST-ZP					
TITLE				☐ Delete	TITL			<u> </u>		Change	Addition
NAME STREET ADDRESS*		m = 2 = 4				EET ADDRESS	• •				
CITY-ST-ZIP TITLE				☐ Delate	tifu					Change	Addition
NAME STREET ADDRESS			:		MAM STRI	EET ADDRESS					
CITY-S1-ZIP					CITY	r-ST-ZIP					
THILE NAME		•		☐ Delete	TITE NAV	E				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	<u> </u>	·· ·				EET ADORESS '- SI-ZIP					
TITLE NAME			-	_ Delets	TITL NAX	1 .				Change	Addition
STREET ACCRESS'		•		• •	SIR	EET ADORESS Y-ST-ZIP		-			
TITLE 4			•	Delete.	Trit	E .	1		1 1111	☐ Change	Addition
HAME STREET ADDRESS				· • • -		EET ADDRESS				_	٠.
CITY-ST-ZIP	Certify that *	na information execution	with this files	does not ouslike fo	r the exe	r-ST-ZIP	iection 119 07/21	(i) Florida Statutes	Lituriher co	rtify that the i-	formation
12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trigistee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.											
At me											
SIGNAT	rure:	SIGNATURE AND TYPE	O OR PRINTED NA	ME OF SIGNING OFFICER	OR DIREC	TOR		Date		Dayonne Phono e c	.
L				<u> </u>						0.40	///